

05/24/01

05-25-01

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Approved

JC945 U.S. PTO

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PROVISIONAL APPLICATION FOR PATENT COVER SHEET

This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53 (c).

JC398 U.S. PTO
09/905722

05/24/01

The PTO did not receive the following listed item(s) A check of \$7500

but we got a check of \$11500

INVENTOR(S)					
Given Name (first and middle (if any))		Family Name or Surname		Residence (City and either State or Foreign Country)	
FRANK P.		BOLOGNA		SAN DIEGO, CA 92138	
FREDRIC J		HARRIS		LEMON GROVE, CA 91945	
<input type="checkbox"/> Additional inventors are being named on the _____ separately numbered sheets attached hereto					
TITLE OF THE INVENTION (280 characters max)					
A JOINT ZERO-FORCING AND MATCHED-FILTER ADAPTIVE DIGITAL EQUALIZER					
Direct all correspondence to:			CORRESPONDENCE ADDRESS		
<input type="checkbox"/> Customer Number <input type="text"/>			<div style="border: 1px solid black; padding: 5px; text-align: center;"> Place Customer Number Bar Code Label here </div>		
OR			Type Customer Number here		
<input checked="" type="checkbox"/> Firm or Individual Name		ROBERT A. BROWN			
Address		P. O. BOX 2127			
Address					
City	NORTHBROOK	State	ILLINOIS	ZIP	60065-2127
Country	U. S. A.	Telephone	847/272-3182	Fax	847/272-5424
ENCLOSED APPLICATION PARTS (check all that apply)					
<input checked="" type="checkbox"/> Specification Number of Pages		3		<input checked="" type="checkbox"/> Small Entity Statement	
<input checked="" type="checkbox"/> Drawing(s) Number of Sheets		4		<input checked="" type="checkbox"/> Other (specify) Declaration-P/A	
METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT (check one)					
<input checked="" type="checkbox"/> A check or money order is enclosed to cover the filing fees				FILING FEE AMOUNT (\$)	
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge filing fees or credit any overpayment to Deposit Account Number: 02-4240				75.00	
The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.					
<input checked="" type="checkbox"/> No.					
<input type="checkbox"/> Yes, the name of the U.S. Government agency and the Government contract number are: _____					

Respectfully submitted

SIGNATURE

Robert A. Brown

Date

/ /

TYPED or PRINTED NAME

ROBERT A. BROWN

REGISTRATION NO.

(If appropriate)

26,149

Docket Number:

BH-0102

TELEPHONE

847/272-3182

USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT

This collection of information is required by 37 CFR 1.51. The information is used by the public to file (and by the PTO to process) a provisional application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the complete provisional application to the PTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C., 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, D.C., 20231.